

## Application for Relicensure

### Board of Examiners of Psychologists

810 N. Main Street #298  
Spearfish, SD 57783  
Ph. 605-642-1600

#### For Board Use Only

Date Received: \_\_\_\_\_

\$\_\_\_\_\_ CK# \_\_\_\_\_

Approved By: \_\_\_\_\_

Relicensure Period: \_\_\_\_\_

**\*Please be advised the renewal fee has changed to \$300.00 beginning with the 2014 renewal period.**

License # \_\_\_\_\_

Please send all correspondence to my: \_\_\_\_\_ Mailing Address \_\_\_\_\_ Employment Address \_\_\_\_\_

Licensee Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street and PO Box) (City) (State) (Zip)

Email Address (Optional): \_\_\_\_\_

( ) **The above is an address change**

( ) **I WILL NOT be renewing.** Please return form to the board office with the above information completed and be sure to sign the form. No other information is necessary.

Since the original date of your South Dakota Psychologist License	Yes	No
1. Has this or any other state rejected your application or revoked your professional license or certificate? If yes, provide full details on a separate sheet.		
2. Has any professional association rejected your application for membership or revoked a membership you held? If yes, provide full details on a separate sheet.		
3. Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by a state board of psychologist examiners of such unprofessional conduct? If yes, provide full details on a separate sheet.		
4. Have you been convicted by a court of law for any offense in connection with your practice as a Psychologist? If yes, provide full details on a separate sheet.		
5. Have you been convicted of a felony after being licensed in the state of South Dakota? If yes, provide full details on a separate sheet.		
6. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe more than \$1,000 in past due child support?		

(Over)

(Signature)

Date (mm/dd/yyyy)

**SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS CONTINUING  
EDUCATION REPORT FORM.**

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